



BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8636 | www.rn.ca.gov

CONFIDENTIAL RELEASE FORM

I, _____ RN # _____, authorize
FULL LEGAL NAME OF PROBATIONARY RN *RN NUMBER*

NAME OF THE PERSON OR ENTITY, ADDRESS AND PHONE NUMBER OF WHERE YOUR INFORMATION IS KEPT AND TO WHOM YOU ARE ALLOWING A BOARD REPRESENTATIVE TO SPEAK TO.

to disclose all records and information, confidential or otherwise, and to answer any questions pertaining to my compliance with all federal, state and local laws, and rules and regulations of the Board of Registered Nursing, including my employment, drug and or alcohol rehabilitation, physical and or mental health status, to the Board of Registered Nursing, Probation Program Monitor, Probation Program staff, and or designated representative(s). All information requested should be sent to or directed to:

Board of Registered Nursing

Attn: Probation Unit

PO Box 944210

Sacramento, CA 94244-2100

(916) 574-7621 or (916) 574-7765, Probation Support Staff Phone

(916) 574-8636, Probation Fax

This authorization shall be valid immediately and shall expire only after I successfully complete my probation term with the Board, or after I am terminated from the Probation Program early due to a successful petition outcome, or after my registered nursing license is revoked by the Board or surrendered to the Board.

SIGNATURE OF PROBATIONARY RN

DATE

Or

*SIGNATURE OF PROBATIONARY RN'S REPRESENTATIVE
AND RELATIONSHIP **

DATE

If a Representative signed the form, written proof of authorization to act on behalf of probationary RN MUST be provided and attached.